



Employee Direct Deposit Authorization Form

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Account One

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

☐ Savings

☐ Checking

Amount for this Account:

REMAINDER

Staple Voided
Check Here

Label it ①

Account Two

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

☐ Savings

☐ Checking

Amount for this Account:

\$ _____

or _____ %

Staple Voided
Check Here

Label it ②

Account Three

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

☐ Savings

☐ Checking

Amount for this Account:

\$ _____

or _____ %

Staple Voided
Check Here

Label it ③

Account Four

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

☐ Savings

☐ Checking

Amount for this Account:

\$ _____

or _____ %

Staple Voided
Check Here

Label it ④

I authorize my employer, _____, and its Agents, including Financial Institutions, to initiate electronic credit entries,

to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature _____

Date _____

To be retained by Employer. Keep in your Employee files.